

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF David A Stebbins		COURT CASE NUMBER 4:16-cv-00545-JM
DEFENDANT Arkansas, State of, et al.		TYPE OF PROCESS summons & complaint
SERVE → AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Arkansas Rehabilitation Services c/o Amy Jones, District Manager, District 1 ADDRESS Street or RFD, Apartment No., City, State and ZIP Code) 4058 4005 N. College, Suite 150 Fayetteville, AR 72703	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

David A Stebbins
123 W Ridge St. Apt. D
Harrison, AR 72601

Number of process to be served with this Form - 285

Number of parties to be served in this case

Check for service on U.S.A.

Received
 2016 OCT 13 PM 3:38
 U.S. Marshal
 Eastern Arkansas

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Number, and Estimated Times Available For Service):
Fold

FILED
U. S. DISTRICT COURT
EASTERN DISTRICT ARKANSAS

OCT 26 2016

JAMES W. MCSORMACK, CLERK
By: *[Signature]*

DEP. CLERK

Signature of Attorney or other Originator requesting service on behalf of:

/s/ K. Rochelle

☐ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

DATE

10/12/2016

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. 09	District to Serve No. 09	Signature of Authorized USMS Deputy or Clerk <i>D. Chappell</i>	Date 10-18-16
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service Time am


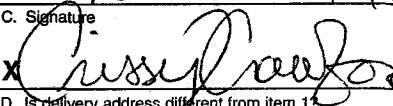
10-20-16 pm

Signature of U.S. Marshal or Deputy

Service Fee \$8.00	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or \$8.00	Amount of Refund
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REMARKS:

Served via certified mail

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
 9414 7266 9904 2080 1365 13		A. Received by (Please Print Clearly) Crissy Crawford	B. Date of Delivery 10-20
3. Service Type CERTIFIED MAIL®		C. Signature X 	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Arkansas Rehab. Services Amy Jones, District Manager 4058 N. College, Suite 150 Fayetteville, AR 72703		D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		Reference Information 4:16CV00545	
PS Form 3811, January 2005		Domestic Return Receipt	